CERTIFICATE OF DEATH

Reg. Dist. No.

12988

1, PLACE OF DEATH a. COUNTY	St. Marys	3	MARYL		USUAL RESIDENCE (Mary)		b. COUNTY	St.			m)
b. CITY OR TOWN RURAL and give Leonar		its, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (IF	· ·	orate limits, write Ri	JRAL and gi	ve neare	est tawn)	
d. NAME OF HOSE OR INSTITUTION	arva Hospital		address)	j	d. STREET ADDRESS	ngeon	1 1 81 8 1			IS RESIE ON A F	FARM?
											77
3. NAME OF DECEASED (Type or print)	Annie	rst	Lee	Ba	ulsir	4. DATE OF DEATH	Novembe		Day		9 60
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	8.0	ATE OF BIRTH		9. AGE (In years	IF UNDER I			
female	white	WIDOW	DIVORCED		ug. 4.188	22	last birthday)	Manths [oys	Haurs	Min,
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.					1 4	12. CITIZ	EN OF	WHAT C	COUNTRY
during most of wo	orking life, even if retired)						1	rci a		
House 13. FATHER'S NAME	wile		Domestic		Virgir 4. MOTHER'S MAIDEN				ISA .		
	727	200									
	William J.					Farn					
15. WAS DECEASEDEN	FER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFQ	RMANT		Addr	ess			
no				Jan	es Sterli	ng -	Lexingt	on Pa	rk.	Md	
18. CAUSE OF D	EATH [Enter only one co	iuse per li	ne for (a). (b), and [et]	1	/ 0	-			INTER	VAL BET	WEEN
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (6	(0-	1 1 1 1 1	arci	den Uc	cul.	- X		ONSE	ANDE	
1331	DUE TO	-			1	4				Cont	7
Canditions	^	de	neral 11.1	17	line sa	enon			in	-15	-
Canditions, if	immediate /	1	yay	(M	00.70		<u> </u>		1.0		77.
lying cause last											
= 1 /	the Melle	tur	ONTRIBUTING TO DEAT	tem.	RELATED TO THE TERA	AINAL DISTA	SE CONDITION GIV	Mich,	1	PERFOR	NO W
20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING IN INC.	206. DES	esternel S	tro	he of Lell	Cut o	rt II of item 18.1				
20c, TIME OF INJU	JRY Month, Day, Ye	While	NJURY OCCURRED 2 Not while at work	Oe. PLACE	OF INJURY (Hame, far , street, office bldg., et	m, 20f. (Cif	y ar tawn)	/ (Co	ounly]	. 0	(State)
P. m	/ 1 -/ 1 10/	at wor	k at work	Hor	nl.	LEX	ingtenla	sh W	·M	.0.1	Md.
21. I certify	that Lattended the	deceas	ed from aug	int	1958, la 5	nov	1960	that Lie	est some	the d	erensed
alive on 5	- Nov.	10	60 and that o	leath as			m the causes a				
dive di		2 /	Jan die mar c	Jeuin G	corred of	ADDRESS (Street, city ar town.	na an ine stale)	e agre		o obave. TE SIGNED
ACTUAL SIGNATURE	ment	1.10	ehm	M.D	Fex. P.	ach	md		61	Ma	60
PHYSICIAN'S NAME (Type)	Ernest Re	ehm,	MD								
220. BURIAL, CREMAT	ION, 226. DATE THEREC)F	22c. NAME OF CEMET	ERY OR CI	REMATORY	22d. LOC/	TION (City, town, o	r county)		(State)	
Burial	11/8/6		Holy Fac	e Ce	meterv		eat Mil		18	,,	
23 FUNERAL DIRECTO			ADDRESS	0 00		D BY REGIS		TRAR'S SIGN			
(ununa	02/	ardtown N	12							
YABA RO	171115011 - 1	JECTH	TI CILOWII . W	101 a	I DATE.	W 0 16	(1.7)	1. n 9 99	A.zes		

may be in med by the hospital or attending physician.

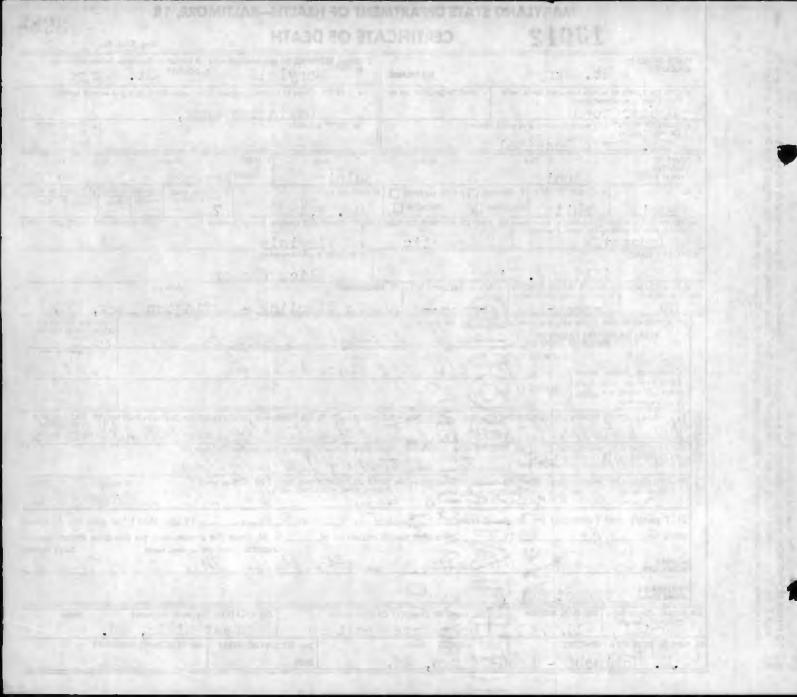
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled has the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours ofter death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

TO HOSPIT

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12989

13018 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY St. Marys MARYLAND Maryland Marys b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Great Mills Great Mills d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS . IS RESIDENCE ON A FARM? Rural YES NO D Rura NAME OF **First** Middle 4. DATE Last Month Day Year DECEASED 60 DEATH Novemebr ERNEST COMBS LEO Sr. (Type or print) 19 9. AGE (In years last birthday)
55 yrs. IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH Months Doys Hours Min. 1905 white WIDOWED [DIVORCED | Sept. male yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? USA Automobile Maryland Mechanic 13. FATHER'S NAME Addie Ridgell John Albert Combs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ruth H. Combs - Great Mills. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if pny, which gove rise to immediate DUE TO cotte (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month. Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour c. m. foctory, street, office bldg., etc.) While Not while of work of work p. m. 3. 1920 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at Z .M, fram the causes and an the date stated above. ADDRESS (Street, city or lown, stole) DATE SIGNED ACTUAL SIGNATURE 4/60 Great Mills. Md. Great Mills, Md. PHYSICIAN'S MD P.J. Bean NAME [Type] 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Holy Face Cemetery Great Mills. Md. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Leonardtown, Md. DATE NOV 7

director after death. Page filed , funerol o ond#2 within 24 Fille Poge completely papers. death. corbon p physicion move hours attending <u>p</u> à been signed a. physician. burial-transit certificate

3 should TO FUNER pode VS A15 (4)

DIRECTOR:

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	13011		CERTIFIC	LAIL	OF DEATH						
I. PLACE OF DEATH O. COUNTY	St. Marys		MARYLAI	0	SUAL RESIDENCE (W. STATE Marv		b. COUNTY	on: Reside	nce befor		ian)
RURAL and giv	(N (If autside carporate ling) Personal (No. 1) Personal	its, write c. LEI	NGTH OF STAY IN	1b c	CITY OR TOWN (IF		rate limits, write R	URAL and	give ned	rest town)
	SPITAL (If not in hospital.	give street address	\$}	i	STREET ADDRESS					e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	RTCHARD	rst EOF	RBES	COL	tosi RTNEY	4. DATE OF DEATH	Novemb		28	,	Year 1960
s. sex male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	8. DA	e of BIRTH	905	9. AGE (In years last birthday) 55 yrs.	Months Months			
during mast of	ATION (Give kind af wark warking life, even if retired	3)	of Business OR II	t	Maryla	nd	zunfry)		SA	WHATC	OUNTR
13. FATHER'S NAME	John Co	urtnev		14.	Georgia		Forbes				
15. WAS DECEASED (Yes. no. or unknown)	EVER IN U. S. ARMED FO	RCES? 16. SOCIA	L SECURITY NO.	17. INFORM	ANT	rav	182 Hig	May 277 4	ree	t	
gave rise to cause (a), stat lying cause to	a immediate DUE To	b))					V	
САТІС	WAS UNDERLYING TO COLUMN THE COLU	7 ng	Hen.	sin				PAIN PA	RT 1(a) 1	PERFO YES [RMED?
	IJURY Manth, Day, Yi m.	ear 20d, INJURY While N	OCCURRED 20	e. PLACE O foctory, s	f INJURY (Hame, far: treet, affice bldg., eN	n, 20f. (City	ar tawn)		(Caunty)		(Sto
saw the dec	that (1) (this haspite	NA LINE	-101		accurred at 2	4	the causes an			at (I) (
22a. SIGNATUR 21c. PHYSICIAN	my (V	Der	ule		ATTENDING N PHYS. D	RECTOR	STAFF PHYS.		11/3	30 (SIGN
NAME (Typ	Leon Beu		MB		We	· ch	mics	ruc	6	20	10
REMOVAL (Spe- Buria	1 12/2/	60			Cemetery	Mo	rganza,	Ma.	•	(State	e)
PLB R	OUT INSON	2001/	address town. M	d.	250. REC	D BY REGIST		STRAR'S S			

by the funeral director, after death. Page 4

TO HOSPITATION ATTEMBING PHYDICIAN: The law mayines that the death cartificate be executed within 22 hands be asked by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59

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• 7		The state of the s	
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FOR STATE

TO DEFOXY MEDICAL EXAMINED This certificate should be a secuted within 24 hours after death. If an lay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit/file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, gremation, or removal, and in any eventually 72 hours after death.

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12991

f. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission) s. STATE b. COUNTY
St. Mary's Marylai	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Lexington Park 7 years	Lexington Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	43 Coral Place YES NO NO
3. NAME OF First Middle DECEASED	Lasi 4, DATE Month Day Year OF
(Type or print) William C	Fortney DEATH November 3, 1960
5. SEX 6. COLOR OR RACE 7, MARRIED 1 NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IN UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	October 30,1900 last birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired Brick Yard	Penna. U.S.A.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Dennis C. Fortney	Maude Lola Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT 43Address
(Yes, no, or unkown) (Ifyesgivawarordatesofservica) 193-05-1364	Mrs Ester Marie Fortney Coral Place
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Lazington Paris Manual and MTERVAL RETWEEN
DART I DEATH WAS CALIFED BY	Lexington Park, Maryland NTERVAL BETWEEN
IMMEDIATE CAUSE (a) CORONA	ARY OCCLUSSION IMMED
DUE TO	
Conditions, if any, which (b)	
geva risa to Immediata cause	
(a), steting the underlying cause lest.	
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OE .	PERFORMED?
[5]	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	RED, (Entar nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d	te, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20d Hour e.m. While Not While at work et work	fectory, street, office bidg., etc.)
21. I certify that I took charge of the remains described above	re, held an Autopsy . Inspection . Inquiry and in my opinion
death resulted from; Natural causes Accident ,	Suicide , Homicide , Undetermined manner
death resulted from: Haidral causes [2], Accident	
71 170	CHIEF MEDICAL EXAMINER
SIGNATURE COM SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER
NAME (Type) William D. Boyd	Address (Streat, city, town, or county) 11/4/60
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE	RY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial 11/7/60 Ebenezer C	emetery Great Mills, Maryland
23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
W.Clarke Mattinglay Leonardtown, Mary	vland DATKOV Q '60 CT 04
The March March Mar	Vient DATHOV 9 '60 C. The 9 Kmg

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13021 CERTIFICATE OF DEATH Reg. Dist. No. 12992

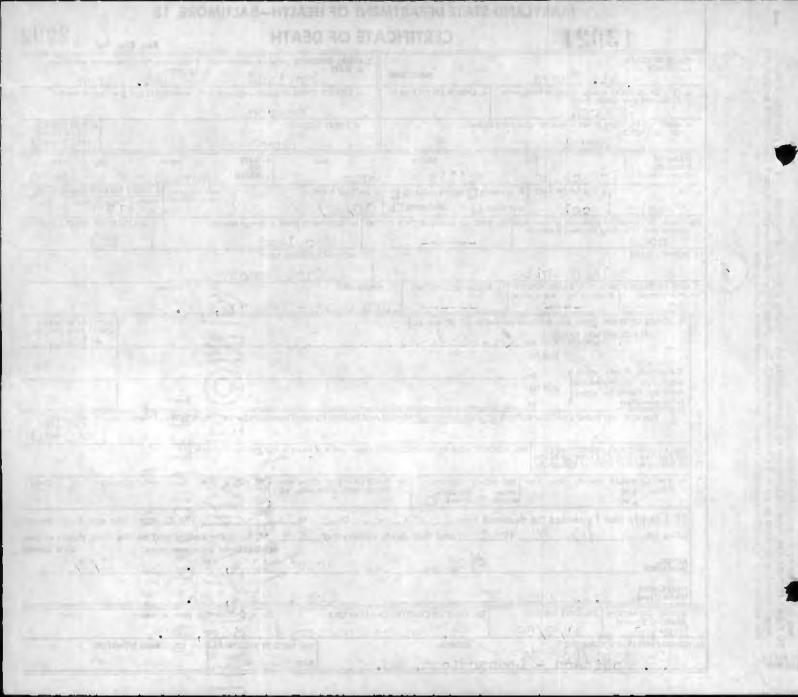
-												
	COUNTY	St. Marys		MAR	YLAND 2.	o. STATE	NCE (WI		lived. If institution b. COUNTY	_	ce before od Marvs	./
E	CITY OR TOWN (RURAL ond give n	If outside corporate lim earest fown)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (IF	outside corpor	ote limits, write R			
-		Neron	jive street	oddress)		d. STREET ADD	_	_			01	RESIDENCE N A FARM?
		Rural			11 0		Ku	ral			YES	□ NO □
. (NAME OF DECEASED Type or print)	Fran c hine	*	Middle Cecilia		inn		4. DATE OF DEATH	Novem	*	Day 8	Year 19 60
5. S	female	6. COLOR OR RACE	7. MARI	RIED NEVER MARR		OATE OF BIRTH	0		9. AGE (In years lost birthday)	IF UNDER Months	Par IF U	NDER 24 HRS.
10a	USUAL OCCUPATE	ON (Give kind of work	done 10b.		OR INDUSTRY			or foreign co		12. CIT	IZEN OF WI	AT COUNTRY?
	none	king life, even if retired	1)			Mar	yla	nd			USA	
13. 1	FATHER'S NAME					4. MOTHER'S M.						
		oland Whi					ra	Dorse				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO), 17, INFO	RMANT			Add	ress		
	no				Core	Gunn	- D	amero	n. Md.			
NO	Conditions, if c gove rise to i coese (o), stoting lying couse lost.	the under-		melop	mu	T RELATED TO TH	HE TERMI	INAL DISEASE	CONDITION GIV	EN IN PAR	7 (o) 19. W	AS AUTOPSY REORMED?
S												NO D
CERTIFICATION	200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRED. (E	Enter nature of i	njury in I	Port I or Port	II of item IB.)			
MEDICAL	20c. TIME OF INJUI Hour o.m. p.m.	RY Month, Day, Ye	While	NUURY OCCURRED Not while	20e. PLACE factory	OF INJURY (Ho r, street, office b	me, farm ldg., etc	n, 20f. (City :.)	or lawn)	(0	County)	(State)
	21. I certify if alive an	nat I attended the	deceas , 19_(-	t death ac	corred at	KA.	M, fram	the causes of the cause of the cause of the causes of the causes of the causes of the causes of the	ind on th	last saw the date st	nted above DATE SIGNED
20	PHYSICIAN'S NAME (Type)	P.J. Bear		MD			at_	Mills			diverse sin sin sin sin on on.	
	Burial	1/1/9/				Cemete		Ri	dge Md		·	Stote)
23.	FUNERACOULOGO	STEPHEN -	Leo	ADDRESS	Md.			D BY REGISTED V 1 4'6	246. REGIS	Thur &		

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

TO HOSPIT

VS A15 (4) 15M 9/S5

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CERTIFICATE OF DEATH

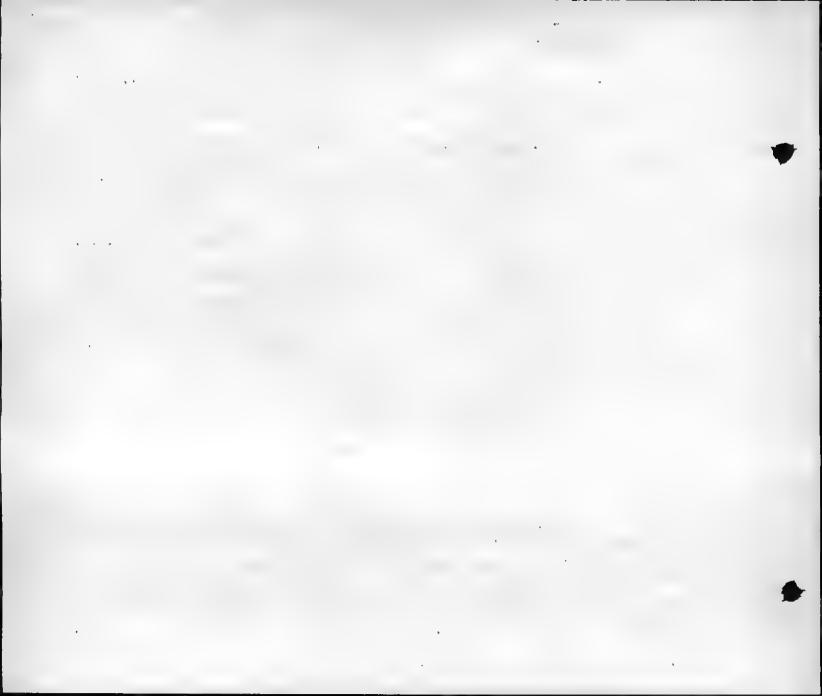
1. PLACE OF DEATH COUNTY St. Mary	MARYLAND	2 USUAL RESIDENCE (W o. STATE Maryl:	here deceased lived. If institution b. COUNTY	Residence before admission) St. Mary s
b CITY OR TOWN (If autside carporate limi			ELF1 Q autside carparate l'mits, write RUR	
RURAL and give nearest tawn) RYKKX KAX Leonard		Rural	Mechanicsville	
d. NAME OF HOSPITAL (If not in haspital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Mary's Hospital	Rt. 2 Bo	x 77	YES NO [
3. NAME OF Fire DECEASED	st Middle	Lost	4. DATE Month	Day Year
(Type or print) Samuel	William	Harding	DEATH November	9, 19 60
S. SEX 6. COLOR OR RACE	7 MARRIED A NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
Male White	WIDOWED DIVORCED	May 10,1882	78 yrs	Manths Days Haurs Min
10a USUAL OCCUPATION (Give kind of wark during most of working life, even if retired	dane 10b. KIND OF BUSINESS OR INDU		ar fareign country)	12 CITIZEN OF WHAT COUNTRY?
Farmor	Farm		Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Edward	Harding	\$2000000	Lang HAKKA Sara	ah Delia Haven
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.1	NFORMANT	Addres	\$
(Yes, no, or unknown) [If yes, give war or dates of a		arah J. Hardî	ng Mechanicsvi	lle, Maryland
1B. CAUSE OF DEATH [Enter only one co	ouse per time far (a), (b), and (c)]		1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a	Carebral	Locim	-	3 day
DUE TO				, ,
Canditions, if any, which }	a l		_	
gave rise to immediate DUE TO		· lea	le ·	
lying cause last.	1 Lewbrol	Carried Carried		
200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	IDITIONS CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERM	NINALD SEASE CONDITION GIVE	V IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLY NG	206 DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part Lor Part II of item 18)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,		
20c TIME OF INJURY Manth, Day, Ye Haur a.m.	or 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Hame, far		(County) (State)
Hour a. m. 19	While Nat while at wark at work	actary, street, affice bldg., et	(C.)	
21 I certify that (I) (this haspida		Oct 1	25) 10 NW	, 196 a., that (I) (we) last
saw the-deceased alive an		death accurred at	M. from the causes and	an the date stated above
226 NGMATURE				22b, DATE
10 Phos	mon	M.D. PHYS.	MED. STAFF DIRECTOR PHYS	11-9-SIGNED
ZZc. PHYSICIAN'S		22d. ADDRESS		
NAME (Type) MOE	sman M. D.		Mechanicsville	, Maryland
23a BURIAL, CREMAT ON 23b. DATE THEREC	DF 23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATION (City, town, or	county) (State)
Burial 11/11/60	St. Joseph	I S	Morganza,	Md.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC	D BY REGISTRAR 256, REGIST	RAR'S SIGNATURE
W.Clarke Mettingley	Leonardtown Mary	land DANO	V 17'60 C'ul	a 8 Hama

director, s after death. Page 4

in by the funeral d and 2 shaufd be file TO HOSP. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fmay be retained by the haspital at attending physician.

TO FULLERAL DESCRIPTION: After this certificate has "Ben signed by the at anding physician and cample my filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 c the State Board of Health prior to burial, cremation, at removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/S9



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1	137	7 fee free											
1	PLACE OF DEATH o. COUNTY	Maryia		MARY	AND	2 USUAL RESID			b COUNTY	on: Residence	e befor	e admissio	n)
-							rylaı			t. 'A	ry'	S	
	P ωπιχωνιπ P ωπιχωνιπ P ωπιχωνιπ	f outs de corporate lime earest town) - 取丁丁里R	rs, write	of minute			llywa 11ywa		e limits, write l	URAL ond gi	ve near	rest town)	
C C	d NAME OF HOSPIT OR INSTITUTION tation Hos	AL (if not in hospital, g		oddress)		d. STREET AL		l Deli	лету		4	ON A F	ARM?
3	NAME OF DECEASED (Type or print)	Fr Ba	**	Middle Roy		Lost ZEMOT,		4. DATE OF DEATH	Morent		Day 30	Ye	50
5	SEX	6. COLOR OR RACE	7 MARI	RIED T NEVER MARRIE	D K B	DATE OF BIRTH		9	AGE (n years	IF UNDER 1	-		
L	Mole	Cauc	WIDOW	ED DIVORCED	, 🗔	29 Mure			lost birthdoy)		Days		26
1	Od USUAL OCCUPAT C during most of work NA	DN (Give kind of work or ung life, even if retired	done 10b	NA NA	RINDUST		yland		itry)		EN OF SA	WHATCO	UNTRY?
1	3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
L		nrad JONE				€7 .	rie 1	Ann ABI					
13		R IN U.S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		ORMANT			Add	re:Gene	ral	Del:	iver
L	No				H No	therlMa	rjori	ie ∆nn	JOHFS,	Holl	VWO	od. 1	Md.
Г	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]							INTE	RVAL BETY	
ı	PART I. DEA	TH WAS CAUSED BY-	F	Res, ir tory	· In.	llars	econ "	r to	a mna.	ive	9 A A	DI AND E מות דות	PEATH 11 the s
ı	560.4	IMMEDIATE CAUSE (o	1/	right dis	_						-		
l	Conditions, if or	_			1	0							
1	gove rise to it	mmediate	-										
L	couse (o), stoting	the under- DUE TO)										
١,	lying couse lost.) (c											
CATION	PART II. OTH	IEK SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	IH ROLL	IOI KETAJED IO	THETERMI	NALD SEASE (CONDITION GI	PEN IN PAKI	1(0)	PERFOR	MED?
VIIITORE	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206. DES	CRIBE HOW INJURY OF	CURRED	(Enter nature of	intury in F	Port 1 or Port 1	of item 18.)				
		Y Month, Doy, Ye	or 20d I	NEEDL OCCUBBED	20e PLA	CE OF INJURY (F	lome, form	20f (City o	r town)	10	ounty)		(Stote)
1401010	Hour o.m.	19	While	Not while	Foct	ory, street, office	bldg., etc.			100	,,		(5.5.5)
1				k ot work									
l	21 I certify tha	t (I) (this haspital) attend	ded the deceased	from	9 Nottom	harig	$\frac{50}{10}$, .ta $\frac{30}{10}$	NOVE	he 179.6	Q, the	ot (I) 76	€) last
l	saw the deceas	ed alive an	, U1261			ath occurred	al	M, fram th	e couses or	nd an the	date	stated o	abave
l	220 SIGNATURE											22b	DATE
ı	Thellen	- C. Bruce	ley,	Ly ma is	USE M	D PHYS	Z ME	ED RECTOR	STAFF PHYS	3(O M	nveml	SIGNED her
l	22c PHYSICIAN S		/			22d ADDRE	SS S+, 5	ation F	Mospita	1. 11.	Š.	Mava	9Ã0
l	NAME (Type)	C. BRADI	FY L	ת (את) וופעו	P				uxent			-	and
2	3a. BURIAL, CREMAT O	N, 23b. DATE THEREC)F	23c NAME OF CEME	TERY OR		W. 7		ON (C ty, town,		2	(Stote)	
	REMOVAL (Specify) Burial	12/2/60		St. Joh	nle			Holls	wood.		Ma	ryla	nd
2	FUNERAL DIRECTOR			ADDRESS		·	250 REC'1	D BY REGISTRA	Wood,	STRAR'S SIG	NATUR	E	
	W.Clarke Ma	attinglev I	eona	rdtown. Mar	vlan	d			C				

completely filled or by the funeral director, papers. Joges 1 and 2 snauld be filed with irs ofter death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet page 3 should be detached for use as the buriol-transit permit. Then please remove carban pages, the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 heurs of the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 heurs of the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 heurs of the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 heurs of the State Board of Health prior to burial, cremation, or remayor. TO HOSF VR A1S (4) 15M 9/59

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13014

12995

PLACE OF DEATH			MARYLA		- STATE			I ved If instituti			
	t. Mary s	uda a selfan	c. LENGTH OF STAY IN	-		aryla		. 1		MarY'	
RURAL and give		its, write	C. LENGTH OF STAT IN	I Ib	.2	•		nte limits, write R a	DKAL ond 8	ave negresi i	own)
Leonard	town ITAL (If not in hospitol, p	nius stessi	D O A		Rural		ushwood	1		la IS	RESIDENCE
OR INSTITUTION	4				O. SIRCEIA	DDKE33				10	A FARM?
2 24245 05	St. Mary		*				1				
3. NAME OF DECEASED	Lowis .		Middle Franci s	N	lorgan		4. DATE OF DEATH	Novamb		6.	19 60
(Type or print) 5. SEX	10.0.010	**	PIRTICIS		DATE OF BIRTH	t		AGE (n years		TYPAR IF UN	
	White	WIDOWE		_	ebruar		013	lost birthdoy)		Doys Hou	
Male			KIND OF BUSINESS OR		-		or fore on col	4/ yrs	12 CIT	ZEN OE WHA	T COUNTRY
during most of wo	orking life, even if retired	3)	Farm	1140031K	I III, DIKITI		ryland.			. 2. A	
Farmin 13 FATHER'S NAME	6		v. STITIT	1	14 MOTHER'S		-			· = 0 A	
	Frank Morga	n			i - marrigh a		da Ste	we rt			
	FER IN U.S. ARMED FOR		SOCIAL SECTIBITY NO	17. INFO	RMANT	*	ua 500		ress		
, Yes, no or unknown)	(If yes, give wor or dates of		7-36-6245		ry Virg	inia l	Martman	Bushwoo		rvlend	
	PATEL EF A	<u> </u>		1,1011	A ATTR	TIITA .	arri Eari	DUBILIOC	149 130		BETWEEN
	EATH [Enter only one co EATH WAS CAUSED BY		ne for (o) (as and (c))		0		Toles	`		ONSET A	ND DEATH
Lhom	IMMEDIATE CAUSE (d		Juan	المنابا	ary	en	would	LAN		300	un
1.95	DUE TO)	Phlet	- (T)	P	7-	· 6	Que O.	,	48	P
Conditions, if	immediate	,	O noch	000	Com	000	1	yer C	1	70	un
couse (a), stating								v v			
	Pin 1		CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO	THE TERM	INAL D SEASE	CONDITION GI	/EN IN PART	1 (g) 19, W	AS AUTOPSY
PART II O						,.				PET	REORMED?
20a ACC DENT V	YAS UNDERLYING 🗀	20b DES	CRIBE HOW INJURY OCC	URRED. (Enter nature o	Finjury in	Part I or Part	It of item 18)			
OR CONTRIBUTING	IG CAUSE OF DEATH Y MEDICAL EXAMINER)										
TO TIME OF INJU	JRY Month, Day, Ye	ear 20d P	NJURY OCCURRED 2		OF INJURY I			or town)	(0	County)	(State
20c TIME OF INJU	. 10	While of wor	Not while	foctor	y, street, office	bldg., etc	:-)				
				()	Town or		100 , 7		10 %	1) 1 1	
	- 1	i) aftend	ded the deceased fr	-	y_C40		(00), to /2) (we) las
saw the dece	ased alive an	19	17_ y and fi	nat ded	Ith accurred	1 01/17	AVI, from t	he causes ar	nd on the	date stat	22b. DATE
101111016	May.	1	Shin	M I	ATTENDING		ED TO	STAFF PHYS.			SIGNED
22c. PHYSICIAN'S	The state of the		71700	W [22d. ADDRE		IRECTOR 🔲	PH15. [.]			
NAME (Type)	J. Roy Gu	yther	M.D.		M	echar	nicsvil	le, Md.			
230 BURIAL CREMAT			23c NAME OF CEMET	ERY OR C	REMATORY		23d LOCATI	ON [City, town,	ar county)	(Stote
REMOVAL (Specif Burial			Sacred				Bushw			land	
24 FUNERAL DIRECTO	10-171-0		ADDRESS			25a REC	D BY REG STR	AR 25b, REG	ISTRAR S SIC		
W.Clarke M	attinglev	Leona	rdtown. Mar	vlan	d	DATE	OV 9 6		diwit di.	Throng	
	The second section is a second			AT STREET, SQ.							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

L	~ 0 0 1 0				
	COUNTY St. Marys	MARYLAND	2. USUAL RESIDENCE (Who of STATE Wary)	ere deceased ived if institution Residence and COUNTY St	
	CTY OR TOWN (If outside corporate imits, write RURAL and give nearest town) Leonardtown	c LENGTH OF STAY IN 16	c city or town (if of St. In	utside corporate limits, write RURAL and	d give nearest town)
	d. NAME OF HOSPITAL (IF not in hospital, give street or INST TUTION St. Marys Hospital	oddress)	d STREET ADDRESS Runal		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First	M ddle	PARKER	4. DATE Month OF DEATH November	Doy Yeor 17 1960
	EX 6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH	9, AGE (In years IF UNDE	R 1 YEAR F UNDER 24 HRS
100	*Male White WIDOW USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		STRY 11 BIRTHPLACE (State	or foreign country) 12 Ci	ITIZEN OF WHAT COUNTRY?
13.	Carpenter E	Building	West V	irginia	USA
15.	Wade H. Parker WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		Nanc	y A. Pratt	
110	18. CAUSE OF DEATH [Enter only one cause per li	ne for (a). (b) and (c).)	Arlo E. Par	ker- St. Inigoe	S. Md.
	PART I DEATH WAS CAUSED BY.	namus			ONSET AND DEATH
	Conditions, if ony, which (b)	ranguar -	Agrient	ws.	7
7	gove rise to immediate couse (a), stating the <u>under-lying cause last.</u> [c]		١)		
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL D SEASE CONDITION GIVEN IN PA	PERFORMED? YES NO X
CERTIFI	206 ACCIDENT WAS UNDERLYING 206, DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture of snyury in f	Port or Port II of item 18)	
MEDICAL	Hour o m While	t.	ACE OF INJURY (Home, form ctary, street, affice bldg, etc		(County) (State)
	21 I certify that (1) (this haspital) rattended to the deceased alive on 1			M, from the couses and on t	G., that (I) (we) lost
	220 GNATURE			ED STAFF THYS	226 DATE SIGNED
	PHYSICIAN'S NAME (Type) Julian S.	Lane, MD	22d ADDRESS Lex	ington Park, Md	
234	Burial 11/20/60	23c NAME OF CEMETERY O		23d LOCATION (City, fown or county St. Marys City,	(State)
71	FUNERATOR SIGNATURE P.B. Robinson - Leon	ADDRESS	25g, RFC	D BY REGISTRAR'S 256 REGISTRAR'S CLITTHING	SIGNATURE S. KLAUA

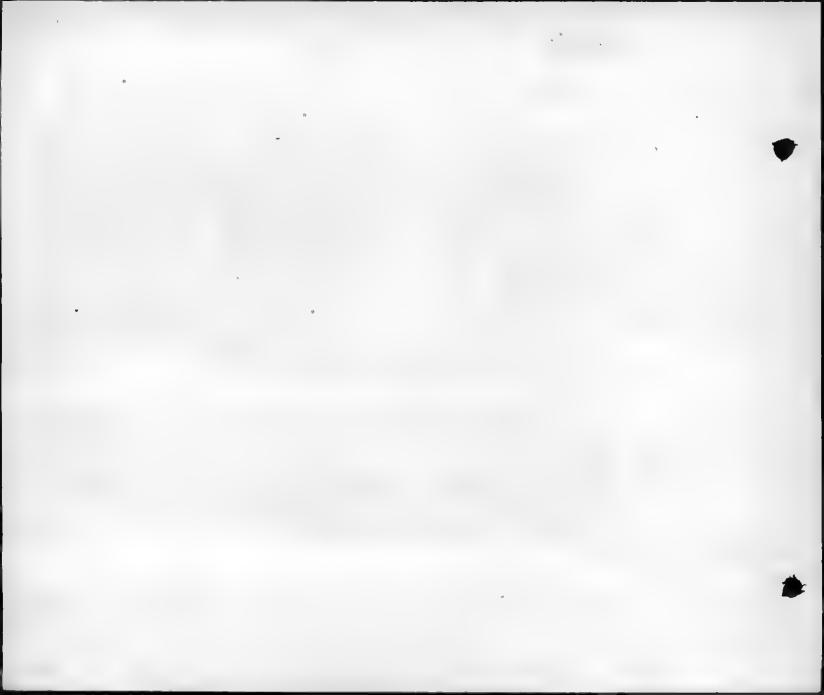
ofter death Page 4 in 24 the funeral director, and 2 should be filed with TO HOSPIT ARE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has may be referred by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camp etely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremation, or remavol, and in any event, within 72 hours after pleath

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VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13016 CERTIFICATE OF DEATH Rea. Dist. No. be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND St. Marys St. Marys Marvland uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) shauld Leonardtown Leonardtown d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO St. Marys Hospital Leonardtown NAME OF First Middle 4. DATE Day Year DECEASED (Type or print) Elizabeth DEATH 19 60 Malissa Ratledge November 6. COLOR OR RACE 7. MARRIED WEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours DIVORCED | WIDOWED | female white October 16. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Concrete Co. Maryland Bookeener 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician John F. Goldsborough Victoria Yates 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Thomas F. Ratledge- Leonardtown. Md. attending no 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₻ I. DEATH WAS CAUSED BY: Then IMMEDIATE CAUSE (o) DUE TO à Ę. dny Conditions, if ony, which gave rise to immediate DUE TO cosse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or lown) Doy. Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Q. m. While Not while of work of work 6 Othat I last saw the deceased 21. I certify that kattended the deceased from, perped and that death occurred at 4:30 AM, from the causes and an the date stated above. alive on DIRECTOR ADDRESS (Street, city or town, stote) det DATE SIGNED ACTUAL 3 should be prior Leonardtown. SIGNATURE the registrar PHYSICIAN'S Leonardtown, Md. Joseph NAME (Type) O FUNER BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) .0/60 Our Ladvs Cemetery Leonardtown. Md. Buria **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE NOU O

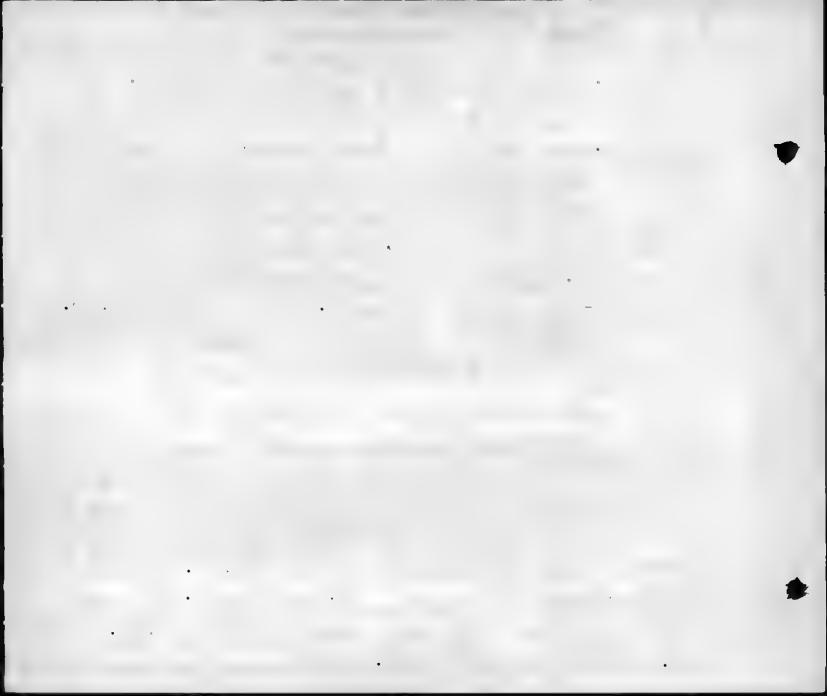
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6binson - Leonardtown, Md.

ofter death.

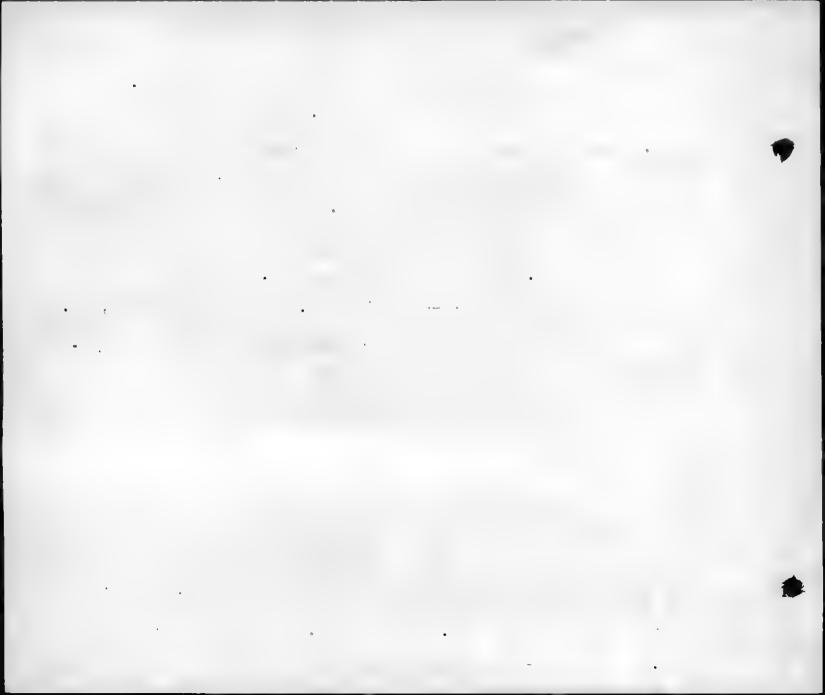
VS A1S (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 13017 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND Marvland Marvs b CITY OR TOWN (If outside corporate l'mits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) Dameron Leonardtown d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? OR INSTITUTION Rural YES TO NO Marys Hospital NAME OF Middle 4. DATE Month Filled DECEASED DEATHLOVember (Type or print) BOY 1960 IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Days white male Nov. 30. 1960 WIDOWED [DIVORCED [7] YES 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Maryland none 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME elifii) Dorthy M. Lacey Ilip I. Trossbach affending physical please remove 17. INFORMANT 15 WAS DECEASED EVER IN 16. SOCIAL SECURITY NO Address Trossbach - Dameron. no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO P 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. P.ACE OF INJURY (Home, form, 20f (City or town) (Stote) (County) factory, street, affice bldg , etc.) Haur om, Not while p. m. at work at work har 30, 1960, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased from. Nov 30 19.60 ta saw the deceased alive an._ , and that death accurred at PM, fram the causes and an the date stated above. or ATTENI ed by the DIRECTOR: 22a SIGNATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR PHYS . M D" 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Great Mills, Maryland P. J. Bean. dy be re FUNER 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) BUR AL. CREMATION. (State) REMOVAL (Specify) Ridge. St. Michaels Cem Maryland 25h REGISTRAR'S SIGNATURE 24 FUNERAL DIRECT 250 REC'D BY REGISTRAR ADDRESS Cithur & Kraug VR A15 (4) eonardtown. Mu. DATE DEC 8 160 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

13024 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12999

o, COUNTY	St. Mary's		MAR	YLAND	o. STATE	NCE (Whe		d lived. If institut b. COUNTY		Mar	-	ion)
	I (If outside corporate limi		ENGTH OF STAY	r IN 1b	c. CITY OR TO	WN (If ou	tside corpo	prote limits, write l	RAL ond	give nec	rest town	1)
RURAL ond give	Scotland		27 yr	s.	X Rura	1	Scot	land				
	PITAL (If not in hospital, a	ive street addre			d, STREET ADI							IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Charles		Middle		Wolf		4. DATE OF DEATH	November		21.	,	Year 19 60
S. SEX	+		NEVER MARR	- T	B. DATE OF BIRTH			9. AGE (In years lost birthdoy)			IF UNDE	R 24 HRS
Male	White	WIDOWED [_		April 14	1884		76 yrs		Doys	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work	done 10b. KIND	OF BUSINESS	OR INDUS		CE (Stole o	r foreign c		12.CI	TIZEN OF	WHATC	OUNTRY
Carpenter 13. FATHER'S NAME		Ship	biildi	ng ye	Ba.	AAIDEN N		d. Stockett		J.S.	Α	
IS. WAS DECEASED!	George Wo	CES? 16. SOCI	IAL SECURITY NO	o. 117. #N	FORMANT	Pare	arec		iress			
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)	-1 0-4-		37 - 15	10 7 0			W			
No	DEATH [Enter only one co		-34-8365		a Mary F.	MOTI	50	cotland,	Mary.		ERVAL BE	THEFT
PART I. C	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CARd	rod	PRRE	ST	1701	Tion	,	M	ET AND	
gove rise to couse (o), stoti lying couse lo	immediate DUE TO		ERIOS	cle	ROTICO	LARd			~	., 4	EA	RS
Z PART II. (OTHER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DE	EATH BUT	NOT RELATED TO T	THE TERMIN	NAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(0) 1	PERFC	AUTOPSY RMED? NO [2]
20g. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING DIESTHORY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY O	OCCURRE	D. (Enter noture of i	injury in P	ort I or Po	rt II of item 18.)				
20c. TIME OF INI Hour o. r	m, 1g	ar 20d. INJUR While at work	Y OCCURRED Not while of work		ACE OF INJURY (He ctory, street, office b			y or town)		(County)		(Stote)
saw the dece	thot (1) (this hospital				leath occurred	196 05 A.	60 , .to_ M, fram	the causes a	, 19.6 nd an th	60, th	stoted	obave
220 SIGNATURE	mas P.	Jan	PLE		M.D. ATTENDING	_	D. RECTOR [STAFF PHYS			11/20	SIGNED
22c. PHYSICIAN'		Jarboe	M.D.		22d. ADDRES		Mil:	ls, Mary	land_			
230. BURIAL, CREMA REMOVAL (Spec Burial			name of CEA	_				Mary s Of		Mary.	(Stot	e)
24. FUNERAL DIRECT	OR'S SIGNATURE	.cone nd	ADDRESS	พระได		250. REC'E	BY REGIS	60	ISTRAR'S S		RE	

by the funeral director, and 2 should be filed with may be instand by the haspital or attending physicien.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remove corten appers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

s after death. Page 4

TO HOSPI VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY al director, Page b. COUNTY e. STATE St. Mary' Mary a Maryland MARYLAND b. CITY OR TOWN (if outside corporete timits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) 0 write RURAL and give nearest town) Life Leonardtown Rural Leonardtown Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS O Boar e. IS RESIDENCE ON A FARM? YES AND T State in pencil in them 18. Give Peges 1, 2, and 3 to the turn Office along with form PM3. Page 5 may be retained purial-transit permit. File pages 1 and 2 with the State oval, and in any eyent within 72 hours after death. NAME OF Middle Last 4. DATE Month Dev 1001 DECEASED OP (Type or print) Catherine DEATH 19 60 Young November Ann 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Hours Female Negro WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | A. BIRTHPLACY (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ringold Vera Young 15. WAS DECEASED EVED IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give wer or detes of service) Office along with free burial-transit permit amoval, and in any e Leonardtown, Maryland Vera Young 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, gave rise to Immediate cause "pending" 10 Examiner's DUE TO (e), stating the underlying 5P Medical Examine should be used a cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNEBAL, DIRECTOR: Page 3 should be its designated agent, prior to burial, cremating NO W 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer | 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. al work el work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 6 and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEF 22a, BURIAL, CREMATION. 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) (State) REMOVAL (Specify) 040 BY REGISTRAR 1 246. REGISTRAR'S SIGNATURE VS. A15ME 5M arthur & Krains

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